



Delaware Electric Cooperative, Inc.  
P.O. Box 600  
Greenwood, Delaware 19950

## Solar Water Heating

Renewable Resource Fund  
Grant Application

\_\_\_ Residential      \_\_\_ Non-Residential

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**Member-Owner:** \_\_\_\_\_ Account No. \_\_\_\_\_

**Phone Number (H):** \_\_\_\_\_ - \_\_\_\_\_ **(W):** \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Installation Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different than above):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Contractor/Installer:** \_\_\_\_\_

**Contractor License Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ **Fax:** \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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### **System Characteristics**

New Construction \_\_\_\_\_ Existing Home/Business \_\_\_\_\_ Replacement \_\_\_\_\_

SRCC OG-300 Reference No.: \_\_\_\_\_ SRCC OG-300 Estimated Annual Energy Savings: \_\_\_\_\_

System Configuration: Drain Back: \_\_\_\_\_ Thermosyphon: \_\_\_\_\_ Glycol: \_\_\_\_\_

Collector Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Total Collector Area: \_\_\_\_\_ ft<sup>2</sup> Collector Orientation: \_\_\_\_\_ Collector Tilt/Slope: \_\_\_\_\_ degrees

Tank Manufacturer: \_\_\_\_\_ Volume: \_\_\_\_\_ gallons Model: \_\_\_\_\_

Auxiliary Tank Manufacturer: \_\_\_\_\_ Volume: \_\_\_\_\_ gallons Model: \_\_\_\_\_

Controller Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Pump Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Heat Exchanger: \_\_\_\_\_ Model: \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Fuel Used for Old Water Heating System: Electric \_\_\_\_\_ Natural Gas \_\_\_\_\_ Propane \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

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**System Costs**

Material:\$ \_\_\_\_\_ Labor:\$ \_\_\_\_\_  
Permits/Fees:\$ \_\_\_\_\_ Engineering/Design:\$ \_\_\_\_\_  
Other:\$ \_\_\_\_\_ TOTAL Cost:\$ \_\_\_\_\_

**\*Attach Copy of Project Estimate, Purchase Order or Letter of Intent**

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**Grant Calculation**

1. Total System Costs.....\$ \_\_\_\_\_  
2. Ineligible Costs.....(\$ \_\_\_\_\_)  
3. Other Incentives (source \_\_\_\_\_).....(\$ \_\_\_\_\_)  
4. Sum of Reductions (add line 2 and 3).....\$ \_\_\_\_\_  
5. Total Costs (line 1 minus line 4).....\$ \_\_\_\_\_  
6. Rebate Multiplier..... x 50%  
7. Amount of Grant Requested.....\$ \_\_\_\_\_

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**Declaration**

*I understand and agree that: 1) the information provided in this form is true and correct to the best of my knowledge, 2) the site of installation is located in the DEC service territory, 3) the State of Delaware and its agents provide no warranty for system components, installation, performance, or operation, 4) DEC and its agents provide no warranty for system components, installation, performance, or operation, 5) all warranties are provided by manufacturer's and installing contractor, and 6) the purchaser has received a copy of this form.*

**Member-Owner**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Installation Contractor**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Energy Office & DEC Only**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Grant Reservation Number: \_\_\_\_\_  
Approved – Date Confirmation & Claim Form Sent: \_\_\_\_\_ Ineligible - Date Letter Sent: \_\_\_\_\_ Incomplete: \_\_\_\_\_  
Inspection – Date Inspector: \_\_\_\_\_ Disbursement of Grant Date: \_\_\_\_\_ Grant Amount:\$ \_\_\_\_\_

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**Mail or Fax this Application to:**

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Delaware Energy Office  
1203 College Park Drive, Suite 101  
Dover, Delaware 19904  
Tel: 302-735-3480; Fax: 302-739-1840